

# **PART B - FEE(S) TRANSMITTAL**

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52796 7590 06/25/2009

**PILLSBURY WINTHROP SHAW PITTMAN, LLP**  
**c/o SUSAN TRADER**  
**1650 TYSONS BOULEVARD**  
**P.O. BOX 10500**  
**MCLEAN, VA 22102**

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/885,151	06/20/2001	Andrew Rouse	042846-0312951	5196

**TITLE OF INVENTION:** SYSTEM AND METHOD FOR PROVIDING ACCESS TO FORMS FOR DISPLAYING INFORMATION ON A WIRELESS ACCESS DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/25/2009

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELAHEE, MD S	2614	455-566000

  

09/28/2009	AWONDAF2	00000031	033975	09885151
01 FC:1501		1510.00	DA	
02 FC:1504		380.00	DA	

<b>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</b> <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<b>2. For printing on the patent front page, list</b> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>1</b> <u>PILLSBURY WINTHROP SHAW</u> <b>2</b> <u>PITTMAN LLP</u> <b>3</b> _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

<b>(A) NAME OF ASSIGNEE</b> International Business Machines Corporation	<b>(B) RESIDENCE: (CITY and STATE OR COUNTRY)</b> Armonk, New York
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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

<b>4a. The following fee(s) are submitted:</b> <input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	<b>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</b> <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>03-3975</u> (enclose an extra copy of this form).
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**5. Change in Entity Status** (from status indicated above)  
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Syed Jafar Ali Date 9/11/09  
 Typed or printed name Syed Jafar Ali Registration No. 58,780

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